

3000023945 5/8/13

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 05/02/2013

Number	Line	Line#	Description	Fund	VendorName	Withhold	Year	Month	PurchaseOrder	Invoice Number	Total Amount	
00334250	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	ADAMS RICH-001	2013	04	0000100170	Adams, R. 4.22-4	570.00
Total For Voucher											570.00	

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 4.22-4.26.13
 Voucher ID: 00334250 Invoice Date: 04/29/2013
 Voucher Style: Regular Total: 570.00

Vendor: ADAMS, RICHARD B *Pay Terms: Pay Now Schedule Payments
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

Payment Information Find | View All First 1 of 1 Last

Scheduled Payment: 1
 *Remit to: 0000097303
 Location: 001
 *Address: 1
 ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345
 Gross Amount: 570.00 USD
 Discount: 0.00 USD
 Scheduled Due: 04/29/2013
 Net Due: 04/29/2013
 Discount Denied
 Late Charge

Scheduled Due: 04/29/2013
 Net Due: 04/29/2013
 Discount Due:
 Accounting Date:

Payment Method
 *Bank: WFB10
 *Account: B
 *Method: ACH ACH
 *Netting: N
 *Handling: RE
 Message: Messages
 Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

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Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
 Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment  Postpone Withholding 

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

NAME
DEPARTMENT OF HEALTHSTATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE	1	DATE	4/26/2013
AGENCY		VOUCHER NUMBER	
CODE	66500		00334050

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000/06105	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff in Santa Fe					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	04/19/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	04/22/13	Time:	06:00 AM	Return Date: (month/day/yr)	4/26/13 Time: 06:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

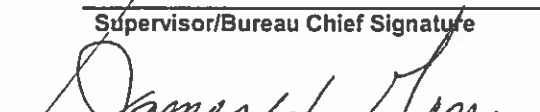
* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

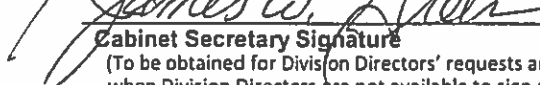
546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .44 per mile	\$ 0.00
546800: Registration - Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration - Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost - Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost - Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 4/22/13
Employee Signature Date

Division Director/Hospital Administrator
(As per specific division requirements) Date

 _____
Supervisor/Bureau Chief Signature Date

 4/22/13
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)